



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

PHYSICAL THERAPY TODAY
2431 SOUTH LOOP 289
LUBBOCK TEXAS 79423

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

Carrier's Austin Representative Box

Box Number 45

MFDR Tracking Number

M4-12-1118-01

MFDR Date Received

December 9, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "appropriate modifier was billed for this code to pay, this payer had paid this service before when billed with modifier 59 and cpt 97150."

Amount in Dispute: \$89.65

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Allowance was made for CPT codes G0283 and 97150 x 1 units each to total \$49.23. Denial of CPT code 97110 and 97140 was made for B15-Payment adjusted because procedure/service is not paid separately. A comment was added stating. 'Attached therapy notes does not identify that modalities 97110 and 97140 were performed in separately distinct 15 minute intervals.' 18- Duplicate claim service and 97-payment included in the allowance for another service/procedure. A comment stating. 'Lines 1 & 2 billed with additional modifier GP. Appears to be reconsideration but not submitted properly per rule 133.250. Attached EOR does not match billing DOS 7/14/2011 for proper reconsideration.' CPT code 97110 and 97140 denied for 97-Payment is included in the allowance for another service/procedure."

Response Submitted by: State Office of Risk Management

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 14, 2011	97110 and 97140	\$89.65	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional services.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated July 26, 2011

- B15 – Payment adjusted because this procedure/service is not paid separately

Explanation of benefits dated September 2, 2011 and November 21, 2011

- 16 – Duplicate claim/service
- 97 – Payment is included in the allowance for another service/procedure

Issues

1. Did the requestor append modifier -59 to the disputed CPT codes?
2. Did the requestor submit documentation to support the use of modifier -59?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203 states in pertinent part “(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”
 - CCI edits were run to determine if the billed charges had NCCI edit conflicts.
 - The requestor billed CPT codes; 97140, 97110, 97150, and G0283 on July 14, 2011.
 - The requestor disputes non-payment of CPT codes 97140 and 97110.
 - Per CCI Guidelines, Procedure Code 97110 has a CCI conflict with Procedure Code 97150.
 - Per CCI Guidelines, Procedure Code 97140 has a CCI conflict with Procedure Code 97150.
2. The requestor appended modifier -59 to the disputed CPT codes 97140 and 97110. The *CPT Manual* defines modifier -59 as follows: “**Modifier -59: "Distinct Procedural Service:** Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries)not ordinarily encountered or performed on the same day by the same physician. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.”
3. Review of the submitted documentation does not support the use of modifier -59. As a result, the requestor is not entitled to reimbursement for the disputed CPT codes 97110-59 and 97140-59.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	May 23, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.